

CITY OF LAUDERHILL, PLANNING AND ZONING DEPARTMENT
TREE REMOVAL PERMIT APPLICATION

This specific land development permit application form must be filed along with appropriate documentation when any person or business seeks to remove or relocate trees within the City of Lauderhill. The Land Development Regulations (LDR) requires specific factors be considered when determining whether to issue a permit. This form addresses those factors needed to render such a determination. It is the Applicant's responsibility to insure that this application is complete and accurate.

1. Applicant/ Owner Information:

Name

Address

Phone No.

Fax No./E-mail address

2. Authorized Agent:

Name

Address

Phone No.

Fax No./E-mail address

3. Tree Removal/Relocation Information:

Location

Existing use of property

Proposed use of property, reason for tree removal/relocation

Legal description of the property

Proposed Starting Date:

Proposed Completion Date:

Tree replacement or relocation must be completed within six months of the issuance of this permit.

4. The Applicant is Required to Submit:

- a. A map showing the size and location of the site where the permitted activities are to be conducted.
- b. A brief description of the work to be performed, including a drawing of the proposed work or a

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certified site plan, as determined by the City, showing the location of all existing or proposed buildings, structures and site uses.

- c. For development on undeveloped property or for redevelopment of property, a certified tree survey and site plan of identical scales designating those trees which are proposed to be preserved, relocated, or removed is required. All tree surveys or site plans must be prepared by person(s) qualified to do so under the Laws of Florida.
- d. A detailed list indicating the common name, the botanical name (genus and species) and caliper (diameter breast height) of each tree proposed to be removed or relocated.

5. Affidavit:

I _____ DO HEREBY SWEAR OR AFFIRM THAT ALL
Print your name

THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Sign your name

Date

**THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY
OF _____, 20____, BY _____, WHO IS PERSONALLY KNOWN TO ME
OR HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID TAKE AN OATH.**

NOTARY PUBLIC.

SIGN: _____

PRINT: _____

MY COMMISSION EXPIRES:

DEPARTMENT USE ONLY

Case Number: _____ Date: _____

Logged in by: _____ Title: _____